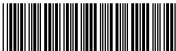


|   |  |   |
|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10823603 | <b>Applicant(s)/Patent Under Reexamination</b><br>KIM, DONG-RYONG |
|   | <b>Examiner</b><br>TAN TRINH               | <b>Art Unit</b><br>2618   |

| ORIGINAL                  |  |          |      |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|------|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |      |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 455                       |  | 550.1    |      |  |  | H                            | O | 4 | M | 1 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 455                       | 575.1                                    | 566      | 3.06 |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 348                       | 838                                      |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 16    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 17    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 18    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 19    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        | 20    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        | 21    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        | 22    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        | 23    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 9        | 24    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 10       | 25    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 11       | 28    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 12       | 27    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |  |  |  |
|---|--|--|--|
| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/TAN TRINH/<br>Primary Examiner.Art Unit 2618<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>27<br><br>O.G. Print Claim(s) O.G. Print Figure<br>1 1 |  |
|---|--|--|--|